evised December 1974

SFUND RECORDS CTR 999000604

CODE NO

CODE NO.

STATE DEPARTMENT OF HEALTH HAULER OF WASTE (Must be filled by hauler PRODUCER OF WASTE (Must be filled by producer) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 CODE NO Phone: (213) 321-1392 State Liquid Waste Hauler's Registration No. (if applicable) Type of Process No. of Loads or Trips: which Produced Wastes: CODE PO vacuum truck / barrels, - flatbed, - other (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of periury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand SIGNATURE OF AUTHORIZED AGENT AND TITLE 7. Chemical toilet wastes 12. Cannery waste 2. Alkaline solution DISPOSER OF WASTE (Must be fill) FRATING INDUSTRIES, INC. 3. Pesticides 8 Tank bottom sediment 13. Latex waste 2425 So. Garfield Ave. 4. 🔲 Paint sludge 9. D Oil Name (print or type): 14. Mud and water Monterey Park, Calif. 91754 10. Drilling mud 15. 🗆 Brine 5. Solvent Site Address: The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO. local restrictions. Components: Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Linner Lower pom Quantity measured at site (if applicable): _________State fee (if any): organics (list), cyanide) Handling Method(s): recovery treatment (specify). (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) disposal (specify): pond spreading ∠ landfill injection well Other (specify): _ If waste is held for disposal elsewhere-specify_finaflocation: Disposal Date: Hazardous Properties of Waste I certify (or declare) under penalty of periury that the foregoing is true and correct. ☐ toxic ☐ flammable Corrosive explosive berfels ☐ tons (42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of (SPECIFY) Health with monthly fee reports. ☐ cartons Dags NUMBER Sludge Physical State: Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if ipplicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING certify (or declare) under penalty of perjury HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. hat the foregoing is true and correct. D.O.T. Proper Shipping Name

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